# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

**FORM D** 

SEC Main Andreas (S) Sacricus

ADD 9 1 2008

Washington, DC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION 1433246

OMB APPROVAL

OMB Number 3235-0076

Expires APRIL 30, 2008

Estimated average burden hours per response

16.00

s	EC USE ONL	Y							
Prefix		Serial							
D/	DATE RECEIVED								

Name of Offering ( check if this is an am Issuance of Common Stock to members of		s changed, and ind	icate change.)		
Filing Under (Check box(es) that apply:  Type of Filing:   New Filing	Rule 504	Rule 505	☐ Rule 506	Section 4(6)	ULOE
Type of Fining.		SIC IDENTIFICATI	ON DATA		PROCESSED -
Enter the information requested about				<u> </u>	
	amendment and name	has changed, and	indicate change.)	<del></del>	APR 2 8 2008
Address of Executive Offices 6350 Santa Monica Boulevard, Los Angele		per and Street, City	, State, Zip Code)	Telephone Numbe (323) 769-3740	THOMSON REUTERS
Address of Executive Offices (if different from Executive Offices)	(Numb	per and Street, City	, State, Zip Code)	Telephone Number	r (Including Area Code:
Brief Description of Business  Global Post Ventures holds 100% of the Entertainment Industry	stock of Pacific Title 8	& Art Studio, Inc.	, which provides O	eptical & Digital Post-	Production Services for the
Type of Business Organization  ☑ corporation ☐ business trust	_	nership, already fo		other (please spe	
Actual or Estimated Date of Incorporation	or Organization:	Month 1 0	Year 0 6 ⊠ A	ctual	08046272
Jurisdiction of Incorporation or Organizatio	• • • • • • • • • • • • • • • • • • • •		Service abbreviation foreign jurisdiction		Ε

## **GENERAL INSTRUCTIONS**

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was malled by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: · Each promoter of the issuer, if the issuer has been organized within the past five years. • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner Director ☐ General and/or Managing Partner **David McCarthy** Full Name (Last name first, if individual) 6350 Santa Monica Boulevard, Los Angeles, California 90035 Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner Director ☐ General and/or Check Box(es) that Apply: Managing Partner Wayne Powell Full Name (Last name first, if individual) 6350 Santa Monica Boulevard, Los Angeles, California 90035 Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ⊠ Beneficial Owner General and/or Check Box(es) that Apply: Managing Partner **David Miller** Full Name (Last name first, if individual) 6350 Santa Monica Boulevard, Los Angeles, California 90035 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter □ Beneficial Owner ☐ Executive Officer General and/or Managing Partner Stephen Adamson Full Name (Last name first, if individual) 11111 Santa Monica Boulevard, Suite 1127, Los Angeles, California 90025 **Business or Residence Address** (Number and Street, City, State, Zip Code) ☑ Director Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Allen Chi Full Name (Last name first, if individual) 11111 Santa Monica Boulevard, Suite 1127, Los Angeles, California 90025 (Number and Street, City, State, Zip Code) Business or Residence Address □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Craig Jones Full Name (Last name first, if individual) 3000 Sand Hill Road, Building 3, Suite 105, Menlo Park, California 94025 Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA										
2. Enter the information requested for the following:  • Each promoter of the issuer, if the issuer has been organized within the past five years.  • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.  • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  • Each general and managing partner of partnership issuers.										
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer		☐ General and/or					
					Managing Partner					
William R. Daniels Full Name (Last name first, if individual)										
120 Eucalyptus Avenue, Hillsboro	vuoh California 9	1010								
Business or Residence Address		treet, City, State, Zip Cod	e)							
			<u>,                                      </u>	·						
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
CELERITY PARTNERS SBIC, L.	P., c/o Stephen	Adamson			wataging rature					
Full Name (Last name first, if indiv	vidual)									
11111 Santa Monica Boulevard, S	Suite 1127, Los A	Angeles, California 90025								
Business or Residence Address		treet, City, State, Zip Cod	e)		-					
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
CELERITY SIDECAR FUND, LLC, c/o Stephen Adamson										
Full Name (Last name first, if individual)										
11111 Santa Monica Boulevard, Suite 1127, Los Angeles, California 90025										
Business or Residence Address	(Number and S	treet, City, State, Zip Code	e)							
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or					
	c/o Stanhan Ada	mean			Managing Partner					
CELERITY PARTNERS III, L.P., Full Name (Last name first, if indiv										
•	·	analon California 00025								
11111 Santa Monica Boutevard, S Business or Residence Address		treet, City, State, Zip Code								
	(//ш///00/01/00/0									
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or					
TICONDEROGA SBIC, L.P., c/o	Craig Jones				Managing Partner					
Full Name (Last name first, if indiv	ridual)									
3000 Sand Hill Road, Building 3, 5	Suite 105, Menlo I	Park, California 94025								
Business or Residence Address	(Number and S	treet, City, State, Zip Code	<del></del>							
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or					
Andy V. Tran					Managing Partner					
Full Name (Last name first, if indiv	/idual)	· · · · · · · · · · · · · · · · · · ·								
6350 Santa Monica Boulevard, Los Angeles, California 90035										
Business or Residence Address		treet, City, State, Zip Code	9)							

				В	. INFORMA	TION ABOI	JT OFFERI	NG	<del>_</del>			
1. Has the	e issuer sold	or does th	ne issuer inte	nd to sell, to	non-accred	lited investor	rs in this offe	ering?		Yes		No
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.										X		
2. What is the minimum investment that will be accepted from any individual?								\$ N//	4			
Does the offering permit joint ownership of a single unit?									Yes		No ⊠	
commis a perso or state	ssion or simi on to be liste es, list the na	lar remune d is an ass ame of the l	ted for each ration for sol sociated pers broker or dea et forth the in	icitation of p on or agent tler. If more	ourchasers in of a broker than five (5	or dealer re or dealer re persons to	with sales of gistered with be listed ar	of securities In the SEC a e associated	in the offeri nd/or with a d persons of	, any ng. If state such		<u></u>
Full Name None	(Last name	first, if indi	vidual)									
Business	or Residence	Address	(Number a	ind Street, C	City, State, Z	ip Code)	• • • • • • • • • • • • • • • • • • • •					
Name of A N/A	Associated B	roker or De	aler									
States in V	Which Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purch	nasers					,	_
(Che	ck "All State:	s" or check	individual St	ates)						• • • • • • • • • • • • • • • • • • • •	🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[M1]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	(SD)	[TN]	[ХТ]	[ປັງ	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if indi	vidual)									
Business	or Residence	Address	(Number a	nd Street, C	City, State, Z	ip Code)				<del>-</del>		
Name of A	Associated B	roker or De	ealer									
States in V	Which Perso	n Listed Ha	s Solicited o	r Intends to	Solicit Purch	nasers						
(Che	ck "All State:	s" or check	individual St	ates)		•••••					🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)
Full Name	(Last name	first, if indi	vidual)		-						·	
Business	or Residence	Address	(Number a	nd Street, C	City, State, Z	ip Code)	<u></u>					
Name of A	ssociated B	roker or De	aler				<u> </u>				-	
States in V	Vhich Perso	n Listed Ha	s Solicited or	r Intends to	Solicit Purch	asers						
(Che	ck "All States	s" or check	individual St	ates)			***************************************			•••••	🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[ТХ]	[UT]	[VT]	[VA]	[WA]	[WV]	[W]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check the box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Price Type of Security Already Sold Debt ...... \$3,000,000 Equity ..... \$ 3,000,000 ☑ Preferred Common Convertible Securities (including warrants) Partnership Interests ..... 0 Other (specify ) ...... Total ..... \$3,000,000 \$3,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number **Dollar Amount** of Purchases Investors Accredited Investors ..... \$3,000,000 Non-accredited Investors Total (for filings under Rule 504 only) ...... Answer also in Appendix, Column 4, if filing under ULOE. if this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. **Dollar Amount** Type of offering Type of Security Sold Rule 505 ..... Series C Series \$3,000,000 Preferred Stock Regulation A ..... Rule 504 ..... \$ Total ...... \$3,000,000 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs ..... 50.000 Accounting Fees .....

Other Expenses (identify) \_

\_\_\_\_

Engineering Fees .....

Sales Commissions (specify finders' fees separately)

Total ......

50,000

0

	C. OFFERING	PRICE, NUMBER OF INVESTORS, EXPENSES	AND	USE OF P	ROCEEDS	<del></del> -		
	<ul> <li>Enter the difference between the Part C — Question 1 and total expens</li> <li>This difference is the "adjusted g</li> </ul>	e aggregate offering price given in response to ses furnished in response to Part C – Question ross proceeds to the issuer.*					\$2,	950,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.					December 1:			
				Óffi Díred	ents to cers, ctors & liates		1	Payments to Others
	Salaries and fees		🖸	\$	0		\$_	
	Purchase of real estate		🗖	\$	0		\$_	0
	Purchase, rental or leasing and ins	tallation of machinery and equipment	🗖	\$	0		\$_	
	Construction or leasing of plant buil	dings and facilities	🗖	\$	0		\$_	C
	Acquisition of other businesses (in offering that may be used in exc issuer pursuant to a merger)	🗖	\$	0	<u> </u>	\$_	C	
	Repayment of indebtedness	••••••	🗖	\$	0	X	\$	998,800
	Working Capital	🗖	\$	0	X	\$	1,951,200	
	Other (specify):		_					
				\$	0		\$_	0
				\$	0	X	\$	2.950.000
	Total Payments Listed (column total	ils added)	–		<u> </u>	_	000	_,,,,,,,,,
	<del> </del>	D. FEDERAL SIGNATURES						
sigi	nature constitutes an undertaking by the	e signed by the undersigned duly authorized per e issuer to furnish to the U.S. Securities and Ex ny non-accredited investor pursuant to paragrapt	chang	e Commis	sion, upon	ider Ru writter	ile 50 1 requ	5, the following the state of its state of i
	uer (Print or Type)	Signature	1	Date	-			
	bal Post Ventures, Inc., a Delaware poration		/	April 17, 20	08			
	ne of Signer (Print or Type) rid McCarthy	Title of Signer (Print or Type) President	•		,			

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.).

		E. STATE SIGNATURE				
1.		2 presently subject to any of the disqualification		Yes	No	N/A
		See Appendix, Column 5, for state respons	se.			
2.	The undersigned issuer hereby undertak Form D (17 CFR 239.500) at such times	ses to furnish to any state administrator of any as required by state law.  N/A	state in which this	s notice is	filed, a not	ce on
3.	The undersigned issuer hereby undertak to offerees. N/A	es to furnish to the state administrators, upon	written request, i	nformatio	n furnished	by the issuer
4.	Limited Offering Exemption (ULOE) of the	the issuer is familiar with the conditions that made is tate in which this notice is filed and undersing that these conditions have been satisfied.				
	e issuer has read this notification and know lersigned duly authorized person.	s the contents to be true and has duly caused	this notice to be	signed or	n its behalf t	y the
İssi	uer (Print or Type)	Signature	Date			
	bbal Post Ventures, Inc., a Delaware poration		April 17, 200	8	_	
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
David McCarthy President						

# **END**

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signature.